

**STATEMENT OF**  
**RICHARD B. FULLER**  
**NATIONAL LEGISLATIVE DIRECTOR**  
**PARALYZED VETERANS OF AMERICA**  
**BEFORE**  
**HOUSE VETERANS' AFFAIRS SUBCOMMITTEE ON HEALTH**  
**REGARDING**  
**H.R. 4020, THE "STATE VETERANS' HOMES NURSE RECRUITMENT AND**  
**RETENTION ACT OF 2004"**  
**H.R. 4231, THE "DEPARTMENT OF VETERANS AFFAIRS NURSE**  
**RECRUITMENT AND RETENTION ACT OF 2004"**  
**H.R. 3949, THE "MILITARY SEXUAL TRAUMA COUNSELING ACT OF 2004"**  
**H.R. 4248, THE "HOMELESS VETERANS ASSISTANCE**  
**REAUTHORIZATION ACT OF 2004"**  
**DRAFT LEGISLATION TO REFORM THE QUALIFICATION AND**  
**SELECTION REQUIREMENT FOR THE POSITION OF THE UNDER**  
**SECRETARY FOR HEALTH**

**May 6, 2004**

Mr. Chairman and members of the Subcommittee, on behalf of the members of Paralyzed Veterans of America (PVA) I am pleased to present our views on four introduced bills designed to improve a cross section of programs and designed to

improve the care and treatment provided our nation's veterans. I will also present our views on the draft legislation convening the position of the Department of Veterans Affairs Under Secretary for Health.

#### **H.R.4020, the “State Veteran Home Nurse Recruitment Act of 2004”**

The legislation would authorize the VA to provide grants to certain state veterans homes to assist these long term care facilities with incentives to promote the recruitment and retention of nurses. The payments could be no more than two percent of the total annual VA payment to a state for that state home. The state home must have an employee incentive scholarship program or other employee incentive program at a state home designed to promote hiring and retention of nursing staff. The VA payment cannot exceed 50 percent of the cost for each fiscal year of that employee incentive program.

The serious shortage of nurses in the United States is affecting all sectors of the health arena, both public and private. The private sector has adapted well in the competition for attracting nursing staff from a finite number of nurses in the profession by utilizing a wide variety of incentives to attract and retain staff. Extending education benefits is one of those tools. As the need for long term care grows in this country state veterans' nursing homes must increasingly compete with their counterparts in the private sector for nursing staff interested in working in the long term care sector.

This legislation allows a state home with an employee scholarship program or other such incentive program to receive up to two percent of its federal subsidy to apply up to 50 percent of the cost of the incentive program. True to the cost effective nature of the state veteran home program with its state/federal cost sharing function, the state would cover the payment for the balance of the recruitment and retention benefit.

PVA believes this program can have a definite benefit for a state home that has an employee incentive program and wishes to expend part of its annual VA allotment in this way.

**H.R. 4231, the “Department of Veterans Affairs Nurse Recruitment and Retention Act of 2004”**

The legislation would establish a pilot program to study innovative recruitment tools to address nursing shortages at Department of Veterans Affairs Health Care Facilities. The pilot program would allow VA to establish a variety of recruitment strategies to compete for nursing staff with other health care providers. These include advertising strategies, innovations in pay structure and working hour flexibility. It would also broaden the pool from which VA could attract nursing staff by dropping the requirement that all registered nurses have baccalaureate degrees.

For the same reasons cited above regarding the state veterans homes' ability to recruit and retain nursing staff, the VA, too, can be at a disadvantage in not having the same flexibility enjoyed by the private sector. In many ways the VA cannot advertise, and, even if it did, does not have the ability to react to changing employment marketing factors or provide incentives similar to those recruiting devices used by private sector facilities. The pilot program would give VA many of those tools, and, at the same time, assess the benefit and usefulness of a wider variety of incentives.

PVA supports this legislation, but we do offer a note of caution on the provision in section 4 which would lift the bar on appointing registered nurses who do not have baccalaureate degrees. The VA nurse is on the front line of veteran health care delivery, at the bed side. Certainly we would have no objection for VA to hire any licensed and fully qualified registered nurse as long as the hiring entity has the ability to fully judge and monitor the quality of the nursing services those individuals provide. Our main experience is with the care provided in spinal cord injury centers, a highly specialized, intensive, and multidisciplinary form of medical care. As with health care providers in other specialized services in the VA health care system, the spinal cord injury nurse must have very specialized skills and advanced training to provide a wide array of services to a highly disabled patient population. We would hope that this legislation, if enacted, would provide certain additional safeguards, such as additional management

quality controls within the pilot program, to make certain that health care, particularly in the area of specialty nurses, is not compromised.

#### **H.R. 3849, the “Military Sexual Trauma Counseling Act of 2004”**

The legislation would make permanent the VA authority to provide counseling and treatment for veterans who experienced sexual trauma or sexual harassment while on active duty. PVA supports this initiative.

#### **H.R. 4248, the “Homeless Veterans Assistance Reauthorization Act of 2004”**

The legislation would extend through FY 2008 the authority of the VA to provide grants to expand or modify existing comprehensive service programs for homeless veterans. It would also raise the authorization of appropriations for the program from \$75,000,000 to \$100,000,000 each year.

Sadly, veterans continue to be a major percentage of all homeless Americans. The VA in its role to “care for him who shall have borne the battle” must continue to support the highly successful array of programs designed to provide health care, housing, counseling rehabilitation and other services to this population. PVA fully supports the legislation.

## **Draft Legislation to Change the Qualifications, Selection, and Nomination Requirements for the Position of VA Under Secretary for Health**

The proposed legislation would make major changes to Section 305 of Title 38 United States Code altering who can be nominated as Under Secretary for Health, by what process they are selected, and for what term they shall serve.

First, the draft bill would remove the requirement that the candidate for Under Secretary be a physician. PVA has no argument with this change. Health care management in the United States has come a long way since this provision was enacted in the legislation that elevated VA to cabinet level status in the late 1980's. At that time, the drafters of the legislation felt that only a physician could maintain the VA's interest in the well-being of the veteran patient over the cold determinations of a non-physician bureaucratic administrator who would only look to the well-being of the VA "system" over the needs of veterans. Time and experience have proven this decision well-intentioned, but outdated, in view of what the Veterans Health Administration (VHA) has become, how it is managed, and what its day to day administrative needs are. There is no reason why a qualified physician could not be chosen the next Under Secretary for Health.

There is also no reason why any otherwise equally qualified nurse or other allied health care professional with the same administrative qualifications could not be selected for VHA's top job. The same is true for an individual with no medical training but advanced education and experience in medical administration. With

this job, we are looking for a chief executive officer. We are looking for excellence, not pedigree. PVA supports this provision which will give those selecting the next Under Secretary the broadest possible pool of candidates from which to choose.

There are two other provisions in the draft legislation making major changes to section 305 we oppose. One provision would eliminate the requirement that the Under Secretary serve for a specific four-year term and leave the individual's service term open ended. PVA believes that the four-year term requirement serves a very valuable function. Under current law, once the Under Secretary has served the four-year term, that individual, wishing to continue service, must be re-confirmed by the United States Senate. The advice and consent of the Senate Committee on Veterans' Affairs and the Senate as a whole provides additional oversight over the conduct of the Under Secretary. The reconfirmation also provides an opportunity for others with interests in the operation of the Veterans Health Administration and its chief administrative officer to have the ability to opt into this process too and re-visit the qualifications and track record of this individual. At any point in time prior to the end of the four-year term or after the reconfirmation, the Under Secretary always serves at the pleasure of the Secretary and the President. But just as initial confirmation at the beginning of the Under Secretary's term serves an outside objective oversight function, so does this four-year end-of-term look-back process let the office holder, and all

others, know that the position is beholden to more than just one Secretary and one White House.

For many of the same reasons we oppose the provision in the draft bill to downgrade the role of the appointment commission established in section 305 to only an “advisory” position. Under current law, once there is a vacancy in the Under Secretary position, the Secretary of Veterans Affairs is required to appoint a commission drawn from specific individuals and interest groups, including veterans’ service organizations. The commission is called on to screen all candidates for the job, select three of the top candidates, forward those names through the Secretary to the White House where one will be chosen from that group.

We are as convinced today as those who created this process in the original legislation that the selection of the Under Secretary, because of that individual’s direct role over the health and well-being of millions of veterans, must be as objective as possible. The individual must be chosen on the merits with not even a hint of political considerations. The commission was created as a buffer to isolate the political process from the selection process by allowing the commissioners to screen and actually select the core candidates. We have no qualms about the current Secretary’s ability and sincerity in choosing, basically on his own, a candidate for submission to the White House who would certainly meet all the qualifications we could expect in an Under Secretary for Health. But



who knows what lies down the road in future Administrations and with future Secretary's of Veterans Affairs. An "advisory commission" as called for in the draft bill could be only window dressing with no counter balance at all in a future Secretary's choice, or the choice of some future White House seeking appointment purely by partisan objective or potential preconceived disinterest in the mission of the VA health care system. The Secretary has already appointed the commission to begin to fill the current vacancy of Under Secretary for Health. The commissioners are drawn from the ranks of a broad spectrum of individuals and groups whose only wishes are to see VA health care succeed. That they should continue to make the first cut in the selection process seems only appropriate now and in the future. We strongly urge the subcommittee not to support changing their role and this process.

**Information Required by Rule XI 2(g)(4) of the House of Representatives**

Pursuant to Rule XI 2(g)(4) of the House of Representatives, the following information is provided regarding federal grants and contracts.

**Fiscal Year 2004**

Court of Appeals for Veterans Claims, administered by the Legal Services Corporation — National Veterans Legal Services Program — \$228,000 (estimated).

**Fiscal Year 2003**

Court of Appeals for Veterans Claims, administered by the Legal Services Corporation — National Veterans Legal Services Program — \$228,803.

**Fiscal Year 2002**

Court of Appeals for Veterans Claims, administered by the Legal Services Corporation — National Veterans Legal Services Program — \$228,413.

## **RICHARD B. FULLER**

Richard B. Fuller is the National Legislative Director of the Paralyzed Veterans of America (PVA), a non-profit veterans service organization chartered by the United States Congress to represent the interests of its members, veterans with spinal cord injury or dysfunction, and all Americans with disabilities. PVA's primary legislative focus centers on issues supporting the Department of Veterans Affairs health care system and the specialized services VA provides to PVA members. He is responsible for coordinating the organization's legislative and oversight activities on all veterans' benefits and services, as well as oversight on all federal health systems – Medicare and Medicaid – and research activities which benefit veterans as well as all Americans with disabilities.

Mr. Fuller served for eight years on the professional staff of the Committee on Veterans' Affairs of the U.S. House of Representatives with primary responsibilities in areas of veterans' health and education legislation. Since 1987, he has worked in the field of public policy and government relations, specializing in health policy for a wide variety of health advocacy, consumer health research and provider non-profit organizations in Washington, DC.

Mr. Fuller was Director of Public Affairs of the House Committee on Veterans' Affairs from 1979-1981. He served on the professional staff of the Subcommittee on Education, Training and Employment and for the Subcommittee on Hospitals and Health Care until 1987. In 1987, he joined the national government relations staff of PVA, serving first as Associate Legislative Director, and then as National Legislative Director. In 1991, he joined a Washington D.C. health care consulting firm representing the public policy and legislative interests of several national medical and research societies, including: the American Federation for Clinical Research; the American Gastroenterological Association; the American Geriatrics Society; and the National Association of Veterans Research and Education Foundations. He returned to PVA in 1993 to lead the organization's outreach efforts on national and state health-care reform.

Mr. Fuller graduated with a Bachelor of Arts degree from Duke University in 1968. He served in the United States Air Force from 1968-1972, stationed two and one-half years in Vietnam and Southeast Asia as an aircrew Vietnamese linguist with the Air Force Security Service.